

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|--|----|------------------------|--------------------|
| <h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p> | | Application Number | 10/675,376 |
| | | Filing Date | September 29, 2003 |
| | | First Named Inventor | Peter DICKEY |
| | | Art Unit | 3652 |
| | | Examiner Name | M. Lowe |
| Total Number of Pages in This Submission | 17 | Attorney Docket Number | 249212023500 |

ENCLOSURES (Check all that apply)

| | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Drawing(s) (Replacement) (15 sheets) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): <ul style="list-style-type: none"> • Part B – Fee(s) Transmittal (1 page) |
| <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Remarks</div> </div> | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | MORRISON & FOERSTER LLP (Customer No.: 25226) | | |
| Signature | /Christopher B. Eide/ | | |
| Printed name | Christopher B. Eide | | |
| Date | May 7, 2008 | Reg. No. | 48,375 |

Client Ref. No.: Q03-1049-US1